

# 2004–2005 High School Shadowing Program

National Aeronautics and Space Administration  
John H. Glenn Research Center at Lewis Field  
Cleveland, Ohio



## Program Goal

Shadowing at the Glenn Research Center is intended to provide selected high school students with an opportunity to explore career possibilities under the mentorship of a scientist, engineer, technician, or administrative personnel.

## Program Objective

Students will depart from NASA Glenn with knowledge that will be of value to them in making career decisions. Students will also be provided with information regarding the various programs available to them by NASA Glenn, as well as information on various careers and career paths.

## Eligibility

Participation in the NASA Glenn High School Shadowing Program is open to students who have demonstrated an interest in a career in science, mathematics, engineering, or related technical fields and administrative areas. Students must be recommended for an internship by a teacher, guidance counselor, or other school official.

**Students must be at least 16 years old and a U.S. Citizen.**

## Program Duration

Students may shadow for 1 day and not more than 1 week. Students who request an internship longer than 1 day must be part of a formal school career program and provide NASA Glenn with the school's program guidelines. Student requests will be accepted on a first-come, first-served basis.

Because of the program's short duration and intensity, students must agree to complete the shadowing experience between the hours of 9:00 a.m. and 3:30 p.m. Students must commit to a 6-hour workday. Students who are participating in longer formal school career programs (2 days to 1 week) must be available every business day on a full-time basis for the duration of their program.

## Senior Project Students

Please note that our shadowing program is for up to one week only. We cannot accommodate requests for 2 to 5 weeks. If you have multiple weeks that you must do a project, we would be more than happy to do our best to place you for at least one week of that time.

## Application

Students must complete and return the enclosed application and forms, along with **one copy of their birth certificate and one copy of the entire application package. Incomplete applications will not be processed.** No placements can be made without the signature of a parent/guardian (if applicable) and recommending school official.

**Please understand that shadowing placements are dependent upon the availability of appropriate Glenn mentors and facilities. The Office of Educational Programs cannot guarantee an internship and will not sign any forms that state an internship is guaranteed.** Placement will be limited each session. Eligible applications will be reviewed on a first-come, first-served basis.

The Office of Educational Programs reserves the right to terminate a shadowing experience at any time.

To obtain an application contact

NASA Glenn Research Center  
Office of Educational Programs  
216-433-6656

## Schedule

	Application deadline	Notification of selection by
<b>Session I</b>		
November 1 to December 3, 2004	September 24, 2004	October 25, 2004
<b>Session II</b>		
February 7 to April 29, 2005	January 3, 2005	January 31, 2005
<b>Session III</b>		
May 2 to June 3, 2005	March 1, 2005	April 18, 2005

## Office of Educational Programs—2004–2005 Shadowing Program

## STUDENT APPLICATION FORM

Please type or print in black ink only.

Prearranged

Name \_\_\_\_\_  
Last First MIMale ☐ Female ☐

Date of birth \_\_\_\_\_

Mailing address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip code

Telephone (\_\_\_\_) \_\_\_\_\_

Alternate telephone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Social security number \_\_\_\_\_

U.S. Citizen ☐ Yes ☐ NoPlace of birth \_\_\_\_\_  
City, state, countryPermanent address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip code

Telephone (\_\_\_\_) \_\_\_\_\_

Alternate telephone (\_\_\_\_) \_\_\_\_\_

Current school name \_\_\_\_\_

Current grade \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ out of 4.0  
(Minimum eligibility: 3.0 GPA)

Credit hours earned as of May/June 2004 \_\_\_\_\_

Total credit hours required for graduation \_\_\_\_\_

Planned graduation date \_\_\_\_\_

City, state, zip code \_\_\_\_\_

## Academic level as of fall 2005

- |                                       |  |      |
|---------------------------------------|--|------|
| <input type="checkbox"/> 7th grade    | <input type="checkbox"/> College freshman  | (13) |
| <input type="checkbox"/> 8th grade    | <input type="checkbox"/> College sophomore | (14) |
| <input type="checkbox"/> HS freshman  | <input type="checkbox"/> College junior    | (15) |
| <input type="checkbox"/> HS sophomore | <input type="checkbox"/> College senior    | (16) |
| <input type="checkbox"/> HS junior    | <input type="checkbox"/> Master student    | (17) |
| <input type="checkbox"/> HS senior    | <input type="checkbox"/> Ph.D. student     | (18) |
|                                       | <input type="checkbox"/> HS teacher        | (19) |

Have you previously participated in a NASA or Federal program? ☐ Yes ☐ No

Check any of the following NASA programs you have applied for (A) or participated in (P) previously, and indicate the year.

(A)	(P)	Year	(A)	(P)	Year		
<input type="checkbox"/>	<input type="checkbox"/>	NASA SHARP	_____	<input type="checkbox"/>	<input type="checkbox"/>	NASA Student Involvement Program (NSIP)	_____
<input type="checkbox"/>	<input type="checkbox"/>	NASA PLUS	_____	<input type="checkbox"/>	<input type="checkbox"/>	NASA Project	_____
<input type="checkbox"/>	<input type="checkbox"/>	NASA SHARP PLUS	_____	<input type="checkbox"/>	<input type="checkbox"/>	NASA SEMAA Project	_____
<input type="checkbox"/>	<input type="checkbox"/>	NASA Glenn Explorers	_____	<input type="checkbox"/>	<input type="checkbox"/>	NASA FIRST	_____
<input type="checkbox"/>	<input type="checkbox"/>	NASA Glenn Shadowing Program	_____	<input type="checkbox"/>	<input type="checkbox"/>	NASA/TSU College Bound	_____
<input type="checkbox"/>	<input type="checkbox"/>	NASA Glenn/East Tech Partnership Program	_____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	_____

How did you learn about the program?

- ☐ Inquiry to NASA about summer opportunities  
☐ Office of Educational Programs staff member  
☐ Group visit to the Center  
☐ Faculty member or school official  
☐ Relative who works for NASA/NASA contractor

Name	Relationship	Area/organization
<input type="checkbox"/> NASA Web site		
<input type="checkbox"/> Office of Educational Programs Web site		
<input type="checkbox"/> Other (please specify) _____		

## OFFICE USE ONLY

Date received \_\_\_\_\_

13 14 15 16 17 18 19

PR requirement \$ \_\_\_\_\_

Date processed \_\_\_\_\_

# Office of Educational Programs—2004–2005 Shadowing Program

## STUDENT APPLICATION FORM

Duration of shadowing experience you are requesting ☐ One day (9:00 a.m. to 3:30 p.m.)  
☐ Other (not more than 1 week, consecutive days)

If you checked other, please indicate duration and name of school career program \_\_\_\_\_  
\_\_\_\_\_

Please specify the actual date(s) you wish to attend NASA Glenn (according to dates listed under the “Schedule” portion of the program outline) \_\_\_\_\_

Please provide one optional date \_\_\_\_\_

Do you know an employee who would be willing to be your mentor?

☐ No ☐ Yes \_\_\_\_\_ ( 216 ) \_\_\_\_\_  
*Name of employee* *Employee phone number*

For Office use  
Organization \_\_\_\_\_  
Building \_\_\_\_\_  
Mail stop \_\_\_\_\_  
Room \_\_\_\_\_

If yes, has this employee **verbally committed** to mentoring you on the dates specified on this application?

☐ Yes ☐ No Comments \_\_\_\_\_

Name and signature of recommending teacher, guidance counselor, or school official

\_\_\_\_\_/\_\_\_\_\_  
*Print name* *Signature*

Position \_\_\_\_\_ Date \_\_\_\_\_

School telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Please complete and return all forms no later than the dates specified. Incomplete applications or applications received after specified dates will not be processed. Return all forms to

**NASA Glenn Research Center  
Attn: Shadowing Program Mail Stop 7-4  
21000 Brookpark Road  
Cleveland, Ohio 44135**

M-1496  
Sept 04

## Office of Educational Programs—2004–2005 Shadowing Program

**Please complete the following to assist with placement:**

The following are the areas that mentors are available for shadowing experiences:

Please mark with an “X” the type of person you would like to shadow. **Please only mark one box.**

\_\_\_\_ Aerospace engineer

Mathematician

\_\_\_\_ Chemical engineer

\_\_\_ Trades (please specify)

\_\_\_\_ Computer engineer

\_\_\_\_ Electrical engineer

Additional comments (*Please elaborate on any specific area or type of experience that is of interest to you.*)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**STUDENT ESSAY**

Write a narrative statement giving your reason for requesting a shadowing internship at the NASA Glenn Research Center. Briefly state the benefits you expect to gain from your internship.

Please list and elaborate on some of your goals for the next 2 to 5 years.

Please list any classes you have taken, or are currently taking, that are conducive to your shadowing experience (i.e., math, science, computer, special education, etc.)

What types of questions are you planning to ask your mentor?

**Office of Educational Programs—2004–2005 Shadowing Program**

**WAIVER OF COMPENSATION**

Whereas, the undersigned student desires to enter upon the premises of the Glenn Research Center of the National Aeronautics and Space Administration for the purposes of observing Government research and development activities and to use the facilities of the Center to conduct educational research projects; and

Whereas, permission has been granted by the Center to enter the premises and to use the facilities, subject to revocation at any time;

Now, therefore, the undersigned student, in consideration of the foregoing, hereby waives and forever releases the United States—for self, executor, administrator, heirs, and assigns—from any claim for wages, salary, or compensation of any kind which may arise out of, or in any way be connected with, tasks or services that may be performed by the undersigned during this student's visit to the Center.

Witness

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*Signature of student*

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*Date*

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*Signature of parent\**

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*Date*

\*Parent's signature required if student is under 18 years of age.

## Office of Educational Programs—2004–2005 Shadowing Program

### STATEMENT OF UNDERSTANDING

As a participant in the NASA Glenn High School Shadowing Program, please be advised that you will not be considered an employee of the Glenn Research Center. Like other visitors, you will be subject to the Center's safety and security regulations. Our employees will advise you concerning problems you may encounter or answer any questions you may raise. The thrust of your experience is toward educational enrichment rather than any benefit to the Government, NASA, or this Center. Any such benefit will be coincidental to the above purpose.

You should understand the above, and be aware that in the event of accident or injury while at Glenn, you will not be covered by any compensation plan available to employees. Your status will be that of visitor.

Please indicate your acceptance of these conditions by signing the acceptance line below, and on the following page. If you have not yet reached the age of 18 years, please have your parents accept these conditions on your behalf.

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*Signature of student*

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*Date*

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*Signature of parent\**

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*Date*

\*Parent's signature required if student is under 18 years of age.



**Office of Educational Programs—2004–2005 Shadowing Program**

**EMERGENCY MEDICAL AUTHORIZATION  
NASA Glenn Research Center**

Name of student \_\_\_\_\_

Address \_\_\_\_\_

Home telephone number \_\_\_\_\_

Name of parent/legal guardian \_\_\_\_\_

Telephone number where parent or guardian can be reached between 8:00 a.m. and 5:00 p.m.

\_\_\_\_\_

Name, telephone number(s), and relationship of other custodial parent or emergency contact.

\_\_\_\_\_

Facts concerning the student's medical history to which the physician should be alerted

Allergies \_\_\_\_\_

Medications taken \_\_\_\_\_

Physical impairments \_\_\_\_\_

Other \_\_\_\_\_

List any specific accommodations required for a student with a disability.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event that reasonable attempts to contact one of the parents of, or the legal guardian of, the above minor are not successful, I hereby give my consent to the administration of medical treatment deemed necessary by the Medical Services Office at the NASA Glenn Research Center. In the event that more extensive medical care is necessary than that given by the Glenn Medical Services Office, I authorize the transfer of the minor to a local hospital by ambulance.

\_\_\_\_\_  
*Signature of parent*

\_\_\_\_\_  
*Date*

**NASA Glenn Research Center  
Shadowing Program  
Application Check List**

1. \_\_\_\_\_ Complete application (all signatures included)
2. \_\_\_\_\_ Copy of birth certificate
3. \_\_\_\_\_ One copy of entire application package (plus original)
4. \_\_\_\_\_ Background Survey

Note: All application packages **MUST** be postmarked or hand-stamped by our office no later than the application deadline. **Late applications will not be accepted.**

Please return all complete application packages to the following address:

NASA Glenn Research Center  
Attn Shadowing Program, Mail Stop 7-4  
21000 Brookpark Road  
Cleveland, OH 44135

You will be contacted as to your selection status by the date indicated on the  
Schedule section of this application.

Office of Educational Programs—2004–2005 Shadowing Program

BACKGROUND SURVEY

Name \_\_\_\_\_ ☐ Male ☐ Female

In order to determine the degree to which members of each ethnic/racial group are reached by this announcement, NASA requests that the student check the appropriate block(s) below. Submission of this information is VOLUNTARY.

1. Racial background

- a. ☐ African-American/Black
- b. ☐ Asian/American\*
- c. ☐ Caucasian/White
- d. ☐ Hispanic/Latino
- e. ☐ Native American or Alaska Native
- f. ☐ Pacific Islander/Native Hawaiian\*\*
- g. ☐ Other, please specify: \_\_\_\_\_

2. Individual with disabilities\*\*\*

- a. ☐ Yes ☐ No
- b. If yes, please specify. \_\_\_\_\_
- c. Please list any special accommodations required.

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\*This includes, for example, China, India, Japan, and Korea.

\*\*This area includes any of the original peoples of Hawaii; the U.S. Pacific Territories of Guam, American Samoa, and the Northern Marianas; the U.S. Trust Territory of Palau; the Islands of Micronesia and Melanesia; and the Philippines.

\*\*\*A person having a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.